

Microbiology Laboratory Data - Monthly Report Form

* required for saving

Facility ID:	*Location Code:	*Month:	*Year:
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Do not report duplicate isolates (i.e., the same patient with the same species) or surveillance cultures

	Susceptible*	Intermediate*	Resistant*	Total Tested*
GRAM POSITIVE ORGANISMS				
Coagulase-negative staphylococci				
vancomycin				
<i>Enterococcus spp.</i>				
vancomycin				
<i>Staphylococcus aureus</i>				
oxacillin		X		
vancomycin				
GRAM NEGATIVE ORGANISMS				
<i>Acinetobacter spp.</i>				
amikacin				
cefepime				
ceftazidime				
imipenem				
piperacillin/tazobactam				
ampicillin/sulbactam				
<i>Enterobacter spp.</i>				
cefotaxime				
ceftazidime				
imipenem				
meropenem				
<i>Escherichia coli</i>				
cefotaxime				
ceftazidime				
ciprofloxacin				
<i>Klebsiella pneumoniae</i>				
cefotaxime				
ceftazidime				
<i>Pseudomonas aeruginosa</i>				
cefepime				
ceftazidime				
ciprofloxacin				
levofloxacin				
imipenem				
meropenem				
piperacillin		X		
amikacin				

* Enter zero if not tested. an entry is required on every field.